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Secretary of State
04-05-2004 90049 037 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000107179

1. Entity Name
MAR.MAR TELECOM, INC.

94042865

Principal Place of Business	Mailing Address
% ALEXANDER REUS 5201 BLUE LAGOON DR., SUITE 100 MIAMI, FL 33126	NORBERT DOMANSKY JULIUS-HAERLIN-ST R 3 GERMANY, 82131

03182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3150 FLORIDA AVENUE			
Suite, Apt. #, etc.: % ISIDOR BUHOLZER		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State	
Zip: 33133	Country: US	Zip	Country

4. FEI Number 65-0967132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REUS, ALEXANDER ESQ. 5201 BLUE LAGOON DR., STE. 601 MIAMI, FL 33126	Name: ISIDOR BUHOLZER Street Address (P.O. Box Number is Not Acceptable): 3150 FLORIDA AVENUE City: MIAMI FL Zip Code: 33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Isidor Buholzer 4/02/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOMANSKY, NORBERT JULIUS-HAERLIN-STR 3 GAUTING, GERMANY, 82131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMANSKY, JUTTA JULIUS-HAERLIN-STR 3 GAUTING, GERMANY, 82131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norbert Domansky (NORBERT DOMANSKY) March 30, 04 0049898507264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #